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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office Use Only	
1. NAME OF TY COMMITTEE (in full)	YPE OR PRINT \		mple: If typir r the lines.	ng, type	12FE4M5		
We Vote - Nosotros Vota	amos - PPAI	MM Committe	ee				
ADDRESS (number and street)	555 Capitol Mall,	Suite 1425					
Check if different							
than previously reported. (ACC)	Sacramento				CA _	95814	
2. FEC IDENTIFICATION NUM	IBER ▼	CITY 🛦		S	STATE A	ZIP CC	DDE 🛦
C C00527226		3. IS THIS REPORT		NEW OR	AM (A)	ENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	1	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On.	Mar 20 (M3)		Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1) July 15	(c) 12-Day		Primary (12P)	General ((12G)	Runoff (12R)
Quarterly Report (Q2) Cotober 15 Quarterly Report (Q2)	Report	for the:	Convention (12C)	Special (12S)	
January 31		Election on	M = M /	D D /	Y . Y . Y . Y	in the	of
Year-End Report (YE) July 31 Mid-Year Report (Non-election	(d) 30-Day					State (
Year Only) (MY)		Election for the:	General (300	ā)	Runoff (3	0R)	Special (30S)
Termination Report (TER)		Election on	M = M /	D = D /	Y	in the State of	of
5. Covering Period 07	01	2014	through	M M M	/ 30 /	2014	
certify that I have examined this	Report and to th	ne best of my kno	wledge and b	pelief it is true	e, correct and	f complete.	
Type or Print Name of Treasurer	Joanne Parise						
Signature of Treasurer Joanne	Parise		[Electronically	Filed] Da	ate 10	/ 14 /	2014
NOTE: Submission of false, erroneou	us, or incomplete	information may su	ubject the pers	son signing th	is Report to th	ne penalties of 2	U.S.C. §437g.
Office Use Only			-	3 3 4		FEC FOF Rev. 12/2	RM 3X

FEC Form 3X (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name	_	
We Vote - Nosotros Votamos - PP	PAMM Committee	
Report Covering the Period: From:	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		48158.49
(b) Cash on Hand at Beginning of Reporting Period	46733.91	
(c) Total Receipts (from Line 19)	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	46733.91	48158.49
7. Total Disbursements (from Line 31)	29113.10	30537.68
B. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	17620.81	17620.81
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	163.00	
This committee has qualified as a multic	andidate committee. (see FEC FORM 1M)	
	For further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

We Vote - Nosotros Votamos - PPAMM Committee

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)▶	0.00	0.00
`	b) Political Party Committees	0.00	0.00
((such as PACs)	0.00	0.00
10 7	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Fransfers From Affiliated/Other	0.00	0.00
	Party Committees	0.00	0.00
13. <i>A</i>	All Loans Received	0.00	0.00
15. (Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
F	o Federal Candidates and Other Political Committees	0.00	0.00
(Other Federal Receipts Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds	0.00	0.00
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00	0.00
	Total Federal Receipts subtract Line 18(c) from Line 19)▶	0.00	0.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures: —— (a) Allocated Federal/Non-Federal	10.001 11110 1 01100	Calelidai Teal-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(**) N 5 1 10	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
(b) Other Federal Operating Expenditures	29113.10	30537.68		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	29113.10	30537.68		
Transfers to Affiliated/Other Party				
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To:				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
-				
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	7		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
_				
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	5.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	29113.10	30537.68		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	29113.10	30537.68		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
1. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	29113.10	30537.68
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	29113.10	30537.68

S	CHEDULE B (FEC Form 3X)	l		FOR LINE NUMBER: PAGE 6 OF 10					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check on	ly one)			¬	
			Summary Page	X 21b		23 28b	24	25 29	26
_		<u> </u>			28a		28c		30b
	ny information copied from such Reports and Statem for commercial purposes, other than using the name								
	NAME OF COMMITTEE (In Full)								
	We Vote - Nosotros Votamos - PPA	AMM Co	ommittee						
_	Full Name (Last, First, Middle Initial)								
Α.	Blueprint Interactive			Date of	of Disburse		Y Y	Y	
	Mailing Address 1155 Connecticut Avenue, NW, Sui	ite			09	7 1 1 1 1 1 1			
	•	State	Zip Code		Tran	saction ID	: EXPB203		
	Washington	DC	20036			Suotion ID	. LAI B200		
	Purpose of Disbursement Online Ads			24E	Amour	nt of Each	Disburseme	nt this	Period
	Candidate Name			Category/ Type				20000	0.00
	Office Sought: House Disbursen	nent For:		1900	1		,		
	Senate	Primary	General						
	President	Other (spe	cify) ▼						
_	State: District:								
_	Full Name (Last, First, Middle Initial)								
В.	Blueprint Interactive				Date of	of Disburser			
	Mailing Address 1155 Connecticut Avenue NW Co	:::0			09	1		2014	Y
	Mailing Address 1155 Connecticut Avenue, NW, Su				09			2014	
	City S Washington	State DC	Zip Code 20036		Tran	saction ID	: EXPB202		
	Purpose of Disbursement		20030		-				
	Online Ads			24E	Amour	nt of Each	Disburseme	nt this	Period
	Candidate Name			Category/	ategory/			900	0.00
				Type				800	0.00
	Office Sought: House Disbursen		Camanal						
		Primary Other (spe	General						
	State: District:	Other (spe	City) \blacktriangledown						
_	Full Name (Last, First, Middle Initial)								
C.					Date of	of Disburse	ment		
					M N	/ D		ΥΥΥ	Υ
	Mailing Address 555 Capitol Mall, Suite 1425					15	5	2014	
	City	State	Zip Code		Tran	saction ID	: EXPB197		
		CA	95814		lian	อลบแบท ID	. LAFD19/		
	Purpose of Disbursement Legal & Reporting Services								
	Candidate Name			001	Amour	nt of Each	Disburseme	nt this	Period
	Canadato Hamo			Category/ Type	l .			590	0.20
	Office Sought: House Disbursen	nent For:		.,,,,,		,			
	Senate	Primary	General						
		Other (spe	cify) ▼						
_	State: District:								
								20500	20
Ls	SUBTOTAL of Disbursements This Page (optional)			·····•		-		28590	J.ZU
,	OTAL This Period (last page this line number only)								
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Form/Schedule: SB21B Transaction ID: EXPB203

Payment made in current period for independent expenditure disseminated in subsequent period

Form/Schedule: SB21B Transaction ID: EXPB202

Payment made in current period for independent expenditure disseminated in subsequent period

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 OF 10					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)	□		٦٥-	
			Summary Page	X 21b	22	23	24	25	26
		<u> </u>		27	28a	28b	28c	29	30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam								
\setminus	NAME OF COMMITTEE (In Full)								
	We Vote - Nosotros Votamos - PP	AMM Co	ommittee						
_	Full Name (Last, First, Middle Initial)				5				
Α.	Olson Hagel & Fishburn, LLP					Disbursem			
	Mailing Address 555 Capitol Mall, Suite 1425				08	15		2014	Y
	City	State	Zip Code		Transa	ction ID : I	EYDR100		
	Sacramento	CA	95814		ITAIISA		LAI DISS		
	Purpose of Disbursement Legal & Reporting Services			001	Amount	of Each Di	sbursemer	nt this I	Period
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	0(5			Type		7	-	300	5.20
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	President	Other (spec							
	State: District:	(0)	-						
	Full Name (Last, First, Middle Initial)								
В.	Olson Hagel & Fishburn, LLP				Date of I	Disburseme		Y	V
	Mailing Address 555 Capitol Mall, Suite 1425				09	15		2014	
	City S Sacramento	State CA	Zip Code 95814		Transa	ction ID :	EXPB204		
	Purpose of Disbursement Legal & Reporting Services			001	Amount	of Each Di	churcomor	at thic	Pariod
	Candidate Name	001			Amount of Each Disbursement this Period				renod
				Category/ Type		7		76	5.70
	Office Sought: House Disbursen	nent For:	L						
		Primary	General						
	President State: District:	Other (spec	cify) 🔻						
_	Full Name (Last, First, Middle Initial)								
C.	Wells Fargo Bank				Date of I	Disbursem	ent		
					M M	/ D D		ΥΥ	Υ
	Mailing Address 400 Capitol Mall				07	11	2	2014	
	City	State	Zip Code		Tranca	ation ID . I	EVDD400		
		CA	95814		iransa	ction ID : I	LAFD 198		
	Purpose of Disbursement Bank Fee			001					
	Candidate Name				Amount	of Each Di	sbursemer	nt this I	Period
				Category/ Type				31	.00
	Office Sought: House Disbursen	nent For:				7	7		
		Primary	General						
	President	Other (spec	cify) 🔻						
	State: District:								
5	SUBTOTAL of Disbursements This Page (optional)					,	,	410	.90
F									
I٦	'OTAL This Period (last page this line number only)			·····		-	-		

TEMIZED DISBURSEMENTS Substance Subst	SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 9 OF 10				
Detailed Summary Page	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions for for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) We Vote - Nosotros Votamos - PPAMM Committee Full Name (Last, First, Middle Initial) Wells Fargo Bank Mailing Address 400 Capitol Mail City Saramento CA 96814 Purpose of Disbursement Bank Fee Candidate Name Other (specify) Saramento CA 96814 Purpose of Disbursement Bank For Category' Type State: District Full Name (Last, First, Middle Initial) Wells Fargo Bank Mailing Address 400 Capitol Mail City Suramento CA 95814 Purpose of Disbursement Bank For Category' Type Office Sought: House Disbursement For: State: District Candidate Name Category' Type Disbursement Bank For Category' Type Bank For Category' Type Date of Disbursement this Period Category' Type Bank For Category' Type Bank For Category' Type Date of Disbursement this Period Category' Type Bank For Category' Type Date of Disbursement this Period Category' Type Bank For Category' Type Bank For Category' Type Bank For Category' Type Date of Disbursement this Period Category' Type Bank For Category' Type Ba							
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Full Name (Last, First, Middle Initial)							
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Sacramento Prurpose of Disbursement Bank Fee Candidate Name Category/ State: District: Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle	City	•		Transaction ID . E	VDD204		
Bank Fee Candidate Name Category/ Type		CA 95814		Transaction ID . E	APBZUI		
Office Sought:			001	Amount of Each Dis	bursement this Period		
Office Sought: House Senate Primary General Primary General President Other (specify) Primary General Other (specify) Primar	Candidate Name	,	Category/		31.00		
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Sacramento CA 95814 Purpose of Disbursement Bank Fee Candidate Name Category/ Type State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name City State: District: Category/ Type Disbursement Candidate Name City State: District: Category/ Type Disbursement Category/ Type Amount of Each Disbursement this Period Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: Substate: District: District: Substate: District: Distri	Mailing Address 400 Capitol Mall						
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Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Amount of Each Disbursement this Period Senate Primary General Other (specify) State: District: Substitute Office Sought: President State: District:		93614					
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) Type Office Sought: Primary General Other (specify) Type State: District: 112.00	Bank Fee		001	Amount of Each Dis	bursement this Period		
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Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: SUBTOTAL of Disbursements This Page (optional)	Full Name (Last, First, Middle Initial)						
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ Subtotal of Disbursements This Page (optional)	5.						
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substruct: House Senate Primary General Other (specify) State: Disbursements This Page (optional)	Mailing Address			M = M / D = D	/		
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Substruct: 112.00	City	State Zip Code					
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Purpose of Disbursement						
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Candidate Name		Category/ Type	Amount of Each Dis	bursement this Period		
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)	Office Sought: House Disbursen	nent For:		7	4		
State: District: SUBTOTAL of Disbursements This Page (optional)	Senate	Primary General					
SUBTOTAL of Disbursements This Page (optional)	President	Other (specify) ▼					
20112 10	State: District:						
20112 10					440.00		
20113 10	SUBTOTAL of Disbursements This Page (optional)		·····	-	112.00		
TOTAL This Period (last page this line number only)	TOTAL TIL B. 1 / //				29113.10		

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 10 OF
FOR LINE NUMBER:
(check only one)

9 **X** 10

10

		7 10
AME OF COMMITTEE (In Full) Ve Vote - Nosotros Votamos - PPA	AMM Committee	
A. Full Name (Last, First, Middle Initial) of Deb	Nature of Debt (Purpose):	
Planned Parenthood Advocate	Staff Time for Online Ads; 9/1 - 9/30	
Mailing Address 1691 The Alameda		
City State	Zip Code	
San Jose	CA 95126	
Outstanding Balance Beginning This Period		Transaction ID : PAYD206
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
89.00	0.00	89.00
D. Full Name (Lost First Middle Initial) of Daha	ou ou Overditou	Notice of Balti (Barrers)
B. Full Name (Last, First, Middle Initial) of Debter Planned Parenthood Advocates		Nature of Debt (Purpose): Staff Time for Online Ads; 9/1 - 9/30
Flatilled Faterifilood Advocates	S War Worke	
Mailing Address 1691 The Alameda		
City State	Zip Code	
San Jose	CA 95126	
	<u> </u>	
Outstanding Balance Beginning This Period		Transaction ID: PAYD207
0.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
74.00	0.00	74.00
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of Debt (Purpose):
Mailing Address		
Maining / Marcoo		
City	State Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount incurred This Feriod	1 ayılleni Tilis i erlou	Outstanding Balance at Close of This Fellou
SUBTOTALS This Period This Page (optional).		163.00
TILL THE CONTROL AGE (OPHONIA).		
TOTALS This Period (last page this line number	163.00	
		0.00
TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	0.00
ADD 2) and 3) and carry forward to appropriat	163.00	
=, and e, and oarry forward to appropriat	ss or summary rage (last page offly)	